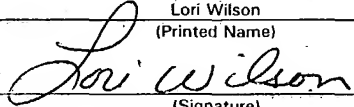


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Josten, et al.
Title: BUS BRACE COMB ASSEMBLY
Appl. No.: Unknown
Filing Date: June 24, 2003
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 716377448 US (Express Mail Label Number)	6/24/03 (Date of Deposit)
Lori Wilson (Printed Name)	
 (Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Harry W. Josten
3540 Boxwood Drive
Grapevine, Texas 76051

Jason P. Wiant
3613 Pecan Circle
Bedford, Texas 76021

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (18 pages).
- ☒ [X] Informal drawings (7 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10).
- ☒ [X] Declaration and Power of Attorney (3 pages).
- ☒ [X] Assignment of the invention to Siemens Energy & Automation, Inc..
- ☒ [X] Assignment Recordation Cover Sheet.
- ☒ [X] Check in the amount of \$40.00 for Assignment recordation.

- ☒ Information Disclosure Statement.
- ☒ Form PTO-1449 with copies of 27 listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total Claims:	18	20	0	x \$18.00	\$0.00
Independents:	3	3	0	x \$84.00	\$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	\$0.00
				SUBTOTAL:	\$750.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					\$0.00
				TOTAL FILING FEE:	\$750.00

- ☒ A check in the amount of \$750.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

6/24/03

By



FOLEY & LARDNER
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